

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-4-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 90900 and 90906.

II. FINDINGS and RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8-9-02	90900 (45 min)	\$90.00	\$0.00	A	\$2.00 / min	Rule 134.600(h)(4)	<p>On 6-19-02, Argus gave preauthorization approval for individual therapy once a week for 8 weeks and biofeedback once a week for 8 weeks.</p> <p>Rule 134.600(h)(4) states, "The non-emergency health care requiring preauthorization includes: all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or exempt rehabilitation program."</p> <p>A review of the submitted EOB indicates that the carrier paid 90844 individual psychotherapy for this date. The EOB also indicates that 90844, 90900 and 90906 were rendered and paid for date of service 8-7-02. The preauthorization approval was for once a week. The carrier already paid for the preauthorized treatment of 8-7-02. Treatment on 8-9-02 was not preauthorized; therefore, no reimbursement is recommended.</p>
8-9-02	90906 (45 min)	\$90.00	\$0.00	A	\$2.00 / min		

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code(s), 90900 and 90906.

The above Findings and Decision are hereby issued this 30th day of December 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division